**ADDRESS** 

COUNTRY

CITY

PTO/SB/29 (12/97)
Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS		
	TOTAL CLAIMS (37 CFR 1.16(c))	12 <b>-20 =</b>		x\$_22.00 =	\$		
	INDEPENDENT CLAIMS(37 CFR 1.16(b))	1 -3=		x\$ <u>82.00</u> =			
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) + \$ 270.00 =						
	BASIC FEE (37 CFR 1.18(a)) \$ 790.00						
	Total of above Calculations = \$ 790.00						
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28). \$ 395.00						
	TOTAL = \$ 395.00						
6. Small entity status:							
	- C A small entity statement is enclosed.						
b. 🖾	A small antibustatement was filed in the prior nonprovisional application						
	s C Is no longer claimed.						
c. Is no longer claimed.  7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to							
Deposit Account No. 11 - 0610							
a.∭	a. XXI Fees required under 37 CFR 1.16.						
£⊠.d	b. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
c. XX Fees required under 37 CFR 1.18.							
o FVI A shock in the amount of \$ 815.00* is enclosed.							
9. XX Other: * Extension of time fee is included in appended check.							
	The prior applications correspondence address will carry over to this CPA						
NOTE:  NOTE:  UNLESS a new correspondence address is provided below.							
10. NEW CORRESPONDENCE ADDRESS							
Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)							
NAME							

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	DENNIS P. CLARKE				
SIGNATURE	Kamille				
DATE	APRIL 8, 1998				

STATE

TELEPHONE

ZIP CODE